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FACSIMILE: (703) 684-1157

Date: December 14, 2005

FACSIMILE COVER LETTER

Facsimile Number: 571-273-8300

#4017
FAXED
12/14/05

To: Examiner X. WU
Group Art Unit 2674, USPTO

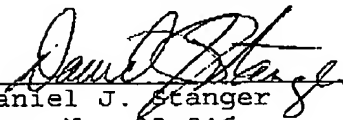
From: Mr. Daniel J. Stanger
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 10/633,512
Attorney Docket No.: HIT-906-07

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

PTO-1083 TRANSMITTAL;
REPLY;
PETITION FOR ONE MONTH EXTENSION OF TIME
TERMINAL DISCLAIMER; AND
CREDIT CARD FORM INCLUDING \$250.00 IN PAYMENT OF
TERMINAL DISCLAIMER FEE.


Daniel J. Stanger
Reg. No. 32,846

December 14, 2005

Date

Total Number of Pages (including cover sheet): 15

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FORM PTO-1083

PATENT

Case Docket No. HIT-906-07

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In RE application of T. FURUHASHI et al

Serial No.: 10/633,512

Group Art Unit: 2674

Filed: August 5, 2003

Examiner: XIAO M. WU

For: LIQUID CRYSTAL DISPLAY CONTROL DEVICE

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

☐ No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra
Total	- 12	Minus	-- 20	=	0
Incep.	+ 3	Minus	--- 3	-	0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					

SMALL ENTITY	
Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OR

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

OR

* If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
 ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
 *** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
 The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.

☒ A check in the amount of \$ 250.00 is attached in payment of:
CREDIT CARD FORM FOR TERMINAL DISCLAIMER FEE. & 1M EOT

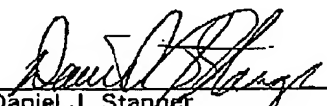
☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.

☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR 1.17.

☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By: 
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 Attorney for Applicant(s)

Date: December 14, 2005

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